

# University of Washington-Department of Environmental and Occupational Health Sciences CONSENT FORM

## Heat-related illness prevention intervention Aims 2 and 3: Heat strain and sleep assessment - workers

## Researchers

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## Researchers' statement

We are asking you to be in a research study. This form will give you the information you need to decide whether you want to be in the study. You may ask questions about the purpose of the research, what we would ask you to do, the possible risks and benefits, your rights as a volunteer, and anything else about the research or this form that is not clear. When we have answered all your questions, you can decide if you want to be in the study or not. This process is called "informed consent." We will give you a copy of this form for your records.

## PURPOSE OF THE STUDY

The purpose of this study is to evaluate an intervention for heat illness prevention in agricultural workers.

#### STUDY PROCEDURES

If you choose to be in this study, we will ask you to be in the project for the entire growing season (from May/June-August) and do the following:

- At the beginning of the season we will ask you to take a 30-40 minute survey on a tablet computer. The questions are about you, your work in hot weather, and your health. We can ask you the survey questions or you can take the survey in privacy, so nobody else will see your answers. The survey has pictures, and you can listen to the questions with headphones. You may choose to stop taking the survey at any time. Some questions we will ask are:
  - o Do you feel like you are allowed to take extra breaks if you need to rest or drink water?
  - Has a doctor or other health provider ever told you that you have any health conditions, such as diabetes?
  - O Do you have a parent, brother or sister, or child related by blood who has been diagnosed with kidney disease by a health care provider?
  - o In the past week, on how many days did you have at least one drink of any alcoholic beverage such as a beer, glass of wine, or a drink with liquor?
  - o Where were you born?
- We will ask you to download an app on your phone and complete a short survey two or three times each week using the app. The questions will ask if you experienced any symptoms related to working in the heat, where you experienced symptoms, start and stop times of your work shift, and other questions about working in the heat. This will take no more than 5 minutes every day.
- We will ask you questions about heat illness prevention, recognition, and treatment at the beginning of the study, during visits we will make to your workplace during the season, and after the study. The questions will take no longer than 5 minutes to answer.
- Every two to four weeks during the season, we will ask that you do the following during a set of one to three work days:
  - Wear a chest band with a heart rate monitor, so we can measure your heart rate throughout the day.
  - Wear an activity monitor that keeps track of how hard you are working and the number of calories you
    are burning when you are working. This is a watch size monitor that goes around your waist using a
    strap.
  - Wear a monitor that measures the temperature and humidity where you are working. This monitor is small and can hook to a belt loop or other convenient place on the outside of your clothes.
  - o Allow us to observe you at work during the day, including when you start and stop working, breaks, clothing worn at work, the amount of water and other beverages that you drink, and your work activities.

Approved 4/5/2019 UW IRB

We will take notes and may take photos and videos if you give permission. We will not interfere with your work.

- o If you choose to be in the sleep assessment part of the study, we will also ask you to do the following:
  - Wear an activity monitor on your wrist during the night, so we can see how well you sleep at night.
  - Leave the temperature and humidity monitor next to where you are sleeping so we can see what the temperature and humidity is where you sleep.
  - Hang an additional temperature and humidity monitor in your home

## RISKS, STRESS, OR DISCOMFORT

You may be concerned that your employers will learn about your answers or other information we collect about you. We won't share any of this information with your employer and will not interfere with your work. Some people may find the chest band heart rate monitors uncomfortable to wear.

#### BENEFITS OF THE STUDY

You might get a better understanding of how working in the heat affects your health and work. This might help you make choices to protect yourself from becoming sick or injured when you are working in the heat. We can give you your results if you wish. Although you might not benefit personally from this study, we hope this study will help prevent heat-related illnesses and injuries in the future.

#### CONFIDENTIALITY OF RESEARCH INFORMATION

We will ask for your name and contact information to ask you questions for the project, arrange the days when we will be working with you, and to return your study results. Your employer will not have access to your responses. Government or university staff sometimes review studies such as this one to make sure they are being done safely and legally. If a review takes place your records may be examined, but the reviewers will protect your privacy and the study records will not be used to put you at legal risk of harm. We will show you the videos and photos, and we will delete them if you do not approve. We will keep your name and contact information for six years after the study has ended, until 2025. We will destroy all identifying information except for photographs, videos, and study results at this time. The information from the study will be summarized in presentations and scientific publications. Identifying information will be excluded except for photographs and videos you have given us permission to use. Data collected from this study may be used in other studies in the future with your permission, but your identifying information will not be shared.

## OTHER INFORMATION

We will return the results of your estimated core body temperature (we will estimate this from heart rate), activity levels (including calories burned), and heart rate. You will need to let us know if you do not wish to receive these results. The results will be returned to you in a sealed envelope. We will return the results to you personally at the end of the growing season or will mail them to your home. We will not share your results with anybody.

There is a very small chance that we will find an abnormally slow or fast heart rate with the heart rate monitor. If this happens, we will inform you and advise you to visit a health care provider. If we feel like it is an emergency we will advise you to visit the emergency room. If a medical condition is discovered, the study will not provide or pay for any medical care for that condition.

Taking part in this study is your choice. Your choice will not affect your job. You may choose not to stay in the study without penalty or loss of benefits to which you are otherwise entitled. If you participate in the work monitoring part of the study, you will receive \$120 for your time. You will receive three payments of \$40 each, one in each month – June, July, and August. If you also participate in the sleep assessment, you will receive \$150 for your time. You will receive three payments of \$50 each, one in each month – June, July, and August.

#### FUNDING

Funding for this study is provided by the US Centers for Disease Control and Prevention, National Institute of Occupational Safety and Health.

Printed name of study	y staff obtaining consent	Signature	Date	

Approved

4/5/Subject's statement

The study has been explained to me. I volunteer to take part in this research. I have had a chance to ask questions. If I have questions later about the research or feel I have been harmed by the study, I can ask one of the researchers listed above. If I have questions about my rights as a research subject, I can call the Human Subjects Division at (206) 543-0098. I will receive a copy of this consent form.

Printed name of subject	Signature of subject	Date

[Copies to: Researcher, Participant]